

Fill in this information to identify your case:

Debtor 1	<u>Michell</u>	<u>J</u>	<u>Ivory</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF OHIO</u>		
Case number (if known)	<u>16-53560</u>		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income****12/15**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Occupation****Employer's name****Employer's address****Debtor 1**

- ☒ Employed
☐ Not employed

Dental HygienistThe Office of Steve Stamas DDS8305 Taylor Road, Ste 400

Number Street

Reynoldsburg OH 43068

City

State

Zip Code

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Number Street

City

State Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<u>\$5,410.08</u>	_____
3. Estimate and list monthly overtime pay.	<u>\$0.00</u>	_____
4. Calculate gross income. Add line 2 + line 3.	<u>\$5,410.08</u>	_____

Debtor 1 **Michell**
First Name**J**
Middle Name**Ivory**
Last NameCase number (if known) **16-53560**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$5,410.08	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$1,561.52	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$108.33	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$4.77	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: See continuation sheet	5h. + \$333.66	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$2,008.28	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$3,401.80	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: See continuation sheet	8h. + \$1,163.28	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$1,163.28	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$4,565.08	+ \$0.00 = \$4,565.08
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$4,565.08	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain:		

Debtor 1 **Michell** **J** **Ivory** Case number (if known) **16-53560**
 First Name Middle Name Last Name

1. Additional Employers Debtor 1Debtor 2 or non-filing spouse

Occupation Instructor
 Employer's name Nationwide Children's Hospital
 Employer's address 700 Children's Drive

Columbus OH 43207
 City State Zip Code City State Zip Code

How long employed there? _____

Occupation Instructor
 Employer's name Columbus State Community College
 Employer's address 550 E. Spring Street

Columbus OH 43215
 City State Zip Code City State Zip Code

How long employed there? _____

5h. Other Payroll Deductions (details)

For Debtor 1For Debtor 2 or non-filing spouseFSA Medical\$166.83EE HSA\$166.83

Totals:

\$333.66

8h. Other Monthly Income (details)

For Debtor 1For Debtor 2 or non-filing spouseAverage Monthly Net Pay from Nationwide\$741.28Average Monthly Net Pay from CSCC\$422.00

Totals:

\$1,163.28

Fill in this information to identify your case:

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Debtor 1 Michell J Ivory
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 16-53560
 (if known)

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
☐ Yes. Does Debtor 2 live in a separate household?
☐ No
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

☒ No

☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No
☒ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

- 4. The rental or home ownership expenses for your residence.** 4. \$756.90
 Include first mortgage payments and any rent for the ground or lot.
- If not included in line 4:**
- 4a. Real estate taxes 4a. _____
- 4b. Property, homeowner's, or renter's insurance 4b. _____
- 4c. Home maintenance, repair, and upkeep expenses 4c. \$100.00
- 4d. Homeowner's association or condominium dues 4d. \$77.00

Debtor 1 **Michell** **J** **Ivory** Case number (if known) **16-53560**
 First Name Middle Name Last Name

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans 5. _____
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. **\$175.00**
- 6b. Water, sewer, garbage collection 6b. **\$100.00**
- 6c. Telephone, cell phone, Internet, satellite, and..... 6c. **\$255.00**
 cable services
- 6d. Other. Specify: _____ 6d. _____
7. **Food and housekeeping supplies** 7. **\$350.00**
8. **Childcare and children's education costs** 8. _____
9. **Clothing, laundry, and dry cleaning** 9. **\$100.00**
10. **Personal care products and services** 10. **\$150.00**
11. **Medical and dental expenses** 11. **\$100.00**
12. **Transportation.** Include gas, maintenance, bus or train 12. **\$400.00**
 fare. Do not include car payments.
13. **Entertainment, clubs, recreation, newspapers,** 13. **\$150.00**
magazines, and books
14. **Charitable contributions and religious donations** 14. **\$350.00**
15. **Insurance.**
 Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. **\$50.00**
- 15b. Health insurance 15b. _____
- 15c. Vehicle insurance 15c. **\$125.00**
- 15d. Other insurance. Specify: **AFLAC** 15d. **\$100.00**
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
 Specify: _____ 16. _____
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. _____
- 17b. Car payments for Vehicle 2 17b. _____
- 17c. Other. Specify: **Gym Membership** 17c. **\$65.00**
- 17d. Other. Specify: **Legal Shield / Ohio Dental Board** 17d. **\$26.00**
18. **Your payments of alimony, maintenance, and support that you did not report as**
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. _____
19. **Other payments you make to support others who do not live with you.**
 Specify: **Medication for Mother** 19. **\$200.00**

Debtor 1 **Michell**
First Name**J**
Middle Name**Ivory**
Last NameCase number (if known) **16-53560****20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property 20a. _____

20b. Real estate taxes 20b. _____

20c. Property, homeowner's, or renter's insurance 20c. _____

20d. Maintenance, repair, and upkeep expenses 20d. _____

20e. Homeowner's association or condominium dues 20e. _____

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21. 22a. **\$3,629.90**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. 22b. _____

22c. Add line 22a and 22b. The result is your monthly expenses. 22c. **\$3,629.90**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. **\$4,565.08**

23b. Copy your monthly expenses from line 22c above. 23b. **-\$3,629.90**

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income. 23c. **\$935.18**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes. Explain here:**None.**